05/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATELY OR REGATIVELY AMEND, EXTEND OR ALTER THE COMERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF DOES NOT CONSTITUTE A CONTRACT ENTWENT HE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE INSURANCE DOES NOT CONSTITUTE A CONTRACT ENTWENT HE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE

CERTIFICATE HOLDER IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WANDED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in like of each endorsement. CONTACT CLIENT CONTACT CENTER MODIFICE FAX (A/C, No): 507-446-4664 FEDERATED MUTUAL INSURANCE COMPANY PHONE (A/C. No. Ext): 888-333-4949 HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060 DORESS: CLIENTCONTACTCENTER@FEDINS.COM INSURERS AFFORDING COVERAGE NAIC # INSURER A:FEDERATED MUTUAL INSURANCE COMPANY 13035 118_116.3 INSURER B INCHIDED WESTPHALS HEATING & AIR CONDITIONING INSURER C 12120 CHASE ST INSURER D CROWN POINT, IN 46307-8740 INSURER E: INCHES E DEVISION NUMBER: 0 CERTIFICATE NUMBER: 29 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. INITIAL THE DESCRIPTION OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTINUES OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY NUMBER POLICY EXP LIMSTS INSR TYPE OF INSURANCE \$1,000,000 FACH OCCURRENCE COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES \$100,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) BUSINESS OWNER'S LIABILITY \$1,000,000 06/12/2023 06/12/2024 PERSONAL & ADV INJURY 6043328 N N \$2,000,000 GENERAL AGGREGATE GENT AGGREGATE LIMIT APPLIES PER \$2,000,000 PRODUCTS & COMP/OP AGG X POLICY OTHER-COMBINED SINGLE LIMIT \$1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per Person) X ANY AUTO 06/12/2023 06/12/2024 BODILY INJURY (Per Accident N 8043339 N OWNED AUTOS ONLY SCHEDULED NON-OWNED HIRED AUTOS ONLY \$1,000,000 EACH OCCURRENCE X LIMBRELLA LIAB XOCCUR \$1,000,000 6043331 06/12/2023 06/12/2024 AGGREGATE CLAIMS-MADE N N EXCESS LIAB RETENTION DED X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY \$500,000 E.L EACH ACCIDENT ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 06/12/2023 06/12/2024 N/A N 8043330 \$500,000 F.I. DISEASE EAEMPLOYEE \$500,000 EL DISEASE - DOLLOY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required HVAC CONTRACTOR GINA PIMENTEL 2023-028744 RECORDER STATE OF INDIANA LAKE COUNTY 2:57 PM 2023 Oct 17 CERTIFICATE HOLDER RECORDED AS PRESENTED CELLED 118-116-3 LAKE COUNTY PLANNING COMMISSION 2293 N MAIN ST BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CROWN POINT, IN 46307-1854 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE